

WV Health Benefit Exchange Stakeholder Meeting Summary

Group: Consumers and Providers

Location: OIC 4th Floor Main Conference Room, Charleston, WV

Date: 6/28/12

Time: 1:00 p.m. – 3:00 p.m.

Objectives: See agenda

Facilitator/Lead: Matt West

Handouts: BEWV Financial Sustainability Overview

Attendees: Aila Accad, Ashley Adams, Ellen Archibald, Thomas Bias, Ruth Blevins, Hersha Arnold Brown, Perry Bryant, Lisa Calderwood, Margaret Chapman Pomponio, Bill Crouch, Lisa Diehl, Peter Frey, Sam Hickman, Diana Hypes, Pam King, John Law, Debi McCoy, Kira Miskimmin, Julie Monnig, Tisha Reed, Tim Rieder, Chad Robinson, Jason Roush, Jeremiah Samples, Phil Shimer, Benita Whitman, Dena Wildman, Jeff Wiseman, Chris Zinn

Next Meeting Date: Tues., July 24th, 2012 Consumers: 10:00 a.m. – 12:00 p.m.; Providers: 1:00 p.m. – 3:00 p.m.

Discussion Points

1. **What's New OIC newsletter** – A copy of the June *What's New* OIC newsletter was emailed to each stakeholder. The newsletter is a great resource for all types of information and activities regarding Exchanges. Please send any materials and/or submissions you may have to the *What's New* newsletter to Debi McCoy at Deborah.McCoy@wvinsurance.gov.

2. Exchange Updates

a. IT

49 states are expected to leverage SERFF for Plan Management. The large number of users should reduce related costs for states and insurers.

Eligibility - OIC is still working with DHHR, CHIP and Medicaid on eligibility issues. Eligibility is the largest line item in the budget, and therefore, an important topic especially for sustainability budget. To date, HHS is still deliberating on the topic.

The core IT RFP is currently being assessed by state Purchasing. It has been reviewed by the State Office of Technology and CMS, and their changes have been incorporated into the current version. The RFP is currently scheduled to be awarded by late summer.

b. Plan Management

Five NAIC subgroups are working on Plan Management and their whitepapers have been approved by subcommittees. These are guidance documents that are good reference points that will be shared with the states. Many rules are still yet to be released.

The State has worked through 11 core areas including network adequacy, quality, discriminatory benefit design, etc. The basic workflows have been mapped out.

c. Federal Updates

Mandate upheld: Questions related to the Supreme Court decision should be directed to the Governor's office, per their request.

The state-based exchange and FFE (federally facilitated exchange) blueprint documents have been released and are available on the Exchange planning website, www.bewv.com. The OIC continues to ask HHS questions and continues to work with them. There is a partnership model that states can choose, in which the state and federal government have shared responsibilities. The state must declare a model by November 16, 2012.

Questions arose during discussions about:

Q. How would the Advanced Premium Tax Credit be handled under the different models?

A. When we have the information we will share it with all Stakeholders.

- Q. Who handles eligibility determination under the FFE and Partnership models?
- A. Eligibility determination remains with HHS under both models. If FFE (Federally Facilitated Exchange), HHS will make robust assessment or determination and pass information to state Medicaid.

More guidance is expected from HHS now that the court decision has been made. Backfill and threshold of meaningful coverage are two key pieces of information needed for United Actuarial Services assessment. The Institute of Medicine has some guidelines on these two topics.

- Q. Will the information from Rates and Forms about what will be covered be shared?
- A. After the actuaries have completed their analysis for the Governor's office, the OIC will release what they are permitted to share.
- Q. Is Federal data out on the EHB?
- A. Yes. We are attaching the latest document for HHS,

d. Other Updates – Jeremiah discussed and reviewed several topics as noted below:

- Baseline Research Project is in procurement phase. This project is needed for determining feasibility of establishing and operating an Exchange. The oral presentations from vendors have been completed. The procurement will bring vendors on board to run scenarios and simulations on risk adjustment and reinsurance. Hopefully we will be working with carriers to better understand these components.
- Evaluation Strategy – OIC has an MOU with WVU to do an evaluation strategy for the Exchange. Tom Bias from WVU School of Public Health and Paula Fitzgerald from the WVU School of Business and Economics are working together on the project. The evaluation project consists of three major categories: 1) Service delivery, 2) Impact of the Exchange on the economy and health insurance marketplace – consumers, small businesses and 3) Population health. They have six months to develop the evaluation plan and will be getting information from stakeholders during that time on what they would like to see in the evaluation criteria. After the evaluation plan has been developed, the OIC or Exchange will determine who will be doing the actual evaluation process. Findings to date may be presented at either the July or August meeting.
- Quality Improvement – OIC is working with Dr. Arnie Hassen from the WV Osteopathic School of Medicine to study provider quality topics and related consumer information. Monthly reports have been sent. Arnie is still gathering information - more carriers are encouraged to participate. He will reissue invitation to group to encourage more participation. OIC will add information on website for overview of the quality improvement initiative. HHS is likely to slowly phase in Quality pieces.
- Oral Health – Finalizing 3rd of three deliverables: dental census survey, telephone survey and summary of recommendations concerning stand-alone dental plans.
- CHIP – MOU between OIC and CHIP recently signed. Subcontractors are reviewing how various family scenarios will be affected.
- Health Insurance Literacy Effort – Marshall University researchers are working on this initiative. The purpose of this study is to gain insight into consumers' understanding of insurance (terminology, types) and how the Exchange can promote how health insurance is important regardless of age. They are in the process of gathering background information. Interviews will start at the end of July. They would be happy to attend a meeting to speak about findings.
- Regional Exchange Study – There are a few purchasing issues at this time. The study will look at how we can leverage administrative resources, pool risk and develop reciprocal agreements for accessible care in bordering states. There is some concern that other states may not want to form a regional Exchange with West Virginia because of the poor health status of the state, but regional rating factors may mitigate this concern.

3. Conference Update

- National Conference update – Jeremiah attended the system-wide Exchange conference that was held by HHS in early June. Notes are being pulled together from the conference. Some of our key questions: 1) how much will FFEs and Partnership models cost states? 2) IT redundancy

nationally. Other states questioned this as well; *i.e.*, asking about the possibility of sharing services for cost savings. HHS did not commit to an answer. Another outstanding question: Would they provide a generic version of their Exchange (to-be-developed by their vendor CGI Solutions) to states?

- Early Innovators – Jeremiah talked with states that received early innovator grants (e.g., Oregon, Maryland and New York) and they presented what they're doing regarding IT. When asked, based on their presentation, what the cost of sustaining their Exchange would be, they could not provide an answer. They have no long-term sustainability cost figures that they are sharing at this time due to the short timeframe they've been given to work on IT development. Some early innovators will not likely meet the deadline for IT development and certification. Maryland and Massachusetts have suggested making their IT systems available upon completion, but allowing other states to leverage these systems is likely not feasible until 2015.

One question being considered, should we build all of this ourselves or wait and leverage from another state? There is the option to have a federal model (FFE or Partnership) in 2014, and transition to an SBE at a later date; this would alleviate the pressure to build new IT.

- Q. Do states have to revamp Medicaid? Does the Supreme Court ruling affect Medicaid and eligibility determinations?
- A. We have to analyze, as does HHS.

4. Sustainability Presentation

Jeremiah reviewed the Financial Sustainability Overview PowerPoint presentation. (See handout.) The purpose of the presentation is to highlight the key approaches, limitations, and assumptions utilized in developing the WV Health Benefit Exchange sustainability scenarios and to analyze strategies that can be implemented to improve the financial sustainability model currently being developed by the state. He asked that everyone review the presentation and send back any questions, comments, and feedback you have. OIC would like to get as much input as possible from all stakeholders. They are working with a number of states to understand cost and sustainability. This will be a 10 year forecast. The current focus is 2014-2016. Things may change by 2016. Some things to consider: a lot of assumptions have been made; there is a lack of rules from HHS that may affect cost projections; and there are limitations on available information. A number of comments were made about the importance of enrollment. A strategy to reach out to businesses was brought up. HHS has hinted at a major campaign for enrollment.

Next Meeting

The next meetings will be held Tuesday, July 24, 2012.

Consumers: 10:00 a.m. – 12:00 p.m.; Providers: 1:00 p.m. – 3:00 p.m.

Action Register

What/Task	Who	When
1. Prepare notes from meeting	CESD	7/5/12
2. Review the sustainability presentation by OIC and provide feedback as to suggested changes in assumptions, various components used in the sustainability model.	Consumers/ Providers	
3. Send out presentation list with meeting summary.	CESD	

Session Plus/Delta

A Plus/Delta was not done for this meeting.